TEXAS STATE BOARD OF PLUMBING EXAMINERS

929 E 41ST ST, AUSTIN, TEXAS 78751 • 512-936-5200 • tsbpe.texas.gov

IMPORTANT INFORMATION: RESPONSIBLE MASTER PLUMBER (RMP) CHANGE OF COMPANY

The attached form should be used by a RMP to notify the Texas State Board of Plumbing Examiners (TSBPE) of: (1) a change in employment from one company to another; or (2) a change in the name of your company. The TSBPE licenses individuals and not companies, which limits our ability to maintain detailed information on each plumbing company operating in Texas. Therefore, your compliance is appreciated.

The TSBPE strongly suggests that you take certain steps to protect your license. First and foremost, you should have your insurance agent submit a Certificate of Insurance (COI) showing your updated company information. You can access the most current COI Form at https://tsbpe.texas.gov/applications-forms/. The effective date of the new COI should match the effective date of your company name change or change in employer. Your new COI must be emailed to insurance@tsbpe.texas.gov. For faster processing, you should submit the COI and the RMP Change of Company Form together.

If you are leaving your current company to serve as the RMP for a new company, you should provide the company you are leaving with <u>written</u> notification of your departure. The notice should include a request to remove your license number and/or name from all service vehicles, advertisements, and documents like invoices or contracts and the effective date of your departure. In addition, you should actively work with your former employer to make sure that your license number and/or name are removed. It is a violation of the Plumbing License Law and Board Rules represent that a company has secured the services of a RMP when the company has not. It is also a violation to serve as a RMP for more than one company that advertises for or otherwise offers to perform or provide plumbing work.

You may send a copy of the notice of departure to the TSBPE's Enforcement Department. However, providing a copy to us will not eliminate your liability as an RMP for any complaints received regarding incidents that occurred prior to the effective date of your departure.

A second <u>written</u> notice should be provided to all cities where work was contracted for or performed under your license. **Do not rely on telephone calls.** The notice should include the effective date of your departure from your current company or company name change. If you or your company are registered with the city, there may be additional procedures you need to follow to change your registration.

Finally, if your address on file with the TSBPE is the address of your former employer, please update your address. To update your address, login to the Online Licensing System and choose the application entitled "Update Address." You may also update your address on the TSBPE website here: https://tsbpe.texas.gov/update-your-address/

Above all, protect your license!

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RESPONSIBLE MASTER PLUMBER (RMP) CHANGE OF COMPANY NOTIFICATION

1.	Last name (Print)	First	MI
2.	Texas Master Plumber License #	Email	
3.	Mailing address	Cit	y
4.	State Zip Code	Telephone #	
5.	Check <u>all</u> that apply:		
	I have changed the name of my com	npany effective	<u>.</u> .
	Current Company Name:	Date	
	New Company Name:		
	Address:		
	Telephone #:		
	Please remove me as the RMP for the	no company listed below offective	
Ц			Date
	•		
	Telephone #:		
	Please add me as the RMP for the company Name:	ompany listed below effective	Date
	Address:		
	Telephone #:		
	re requested that my insurance agent, or the cting my change in company name or my ch		
• I hav	re notified all municipalities, in writing, of this	change and closed all open permits. $\square\ Y \varepsilon$	es or □No
	re requested, in writing, that my name and/or lertisements, and documents used to offer or		• •
• Ihav	re secured work still in progress on jobs cont	racted for and started under my license.	Yes or □No
	tand that providing this notice to the Enforcents and/or incidents that may have occurred p		
	/ for which I am responsible.		
	/ for which I am responsible.		

FRANK S. DENTON CHAIR CONROE

JAMES R. AINSWORTH MEMBER MIDLAND

DARRIN BLACK MEMBER ABILENE

MILTON R GUTIERREZ MEMBER GEORGETOWN



TEXAS STATE BOARD OF PLUMBING EXAMINERS

Lisa G. Hill, Executive Director 929 EAST 41ST ST, AUSTIN, TX 78751 TEL: (512) 936-5200 FAX: (512) 302-5090 www.tsbpe.texas.gov

E-mail address: info@tsbpe.texas.gov21

WILLIAM K. KLOCK MEMBER AUSTIN

THOMAS J. MACDONALD MEMBER KERRVILLE

THOMAS O. RICE JR. MEMBER SPRING DAVID YELOVICH

FRIENDSWOOD

MEMBER

NORMA YADO MEMBER MCALLEN

Dear

Please make a note of the correct address for the submittal of insurance certificates. The certificates must be sent to: insurance@tsbpe.texas.gov.

So that we may provide the best service possible, we ask that you submit certificates directly to the insurance@tsbpe.texas.gov email address only, as multiple submittals of the same certificates to the wrong address and/or submittals to more than one of our addresses and/or sending via fax will slow the processing of yours and other's certificates. facsimile. Additionally, we do not accept ACORD forms.

Please allow up to 10 business days for your certificate to be processed and appear on our website. Certificates are not entered on Saturdays, Sundays or holidays.

You may wish to search here for confirmation of processing of your certificate before resending or calling this office:

How to check status of a License and COI:

https://vo.licensing.hpc.texas.gov/datamart/searchByLicNumber.do

- 1. Click Public Search (see the upper right hand side of the screen) NOTE: you do not need to sign in
- 2. Click Search by License Number
- 3. Enter the * License Number (numerals only)
- Click Search
- 5. Click on the Licensee's Name NOTE: there may be more than one page as different license types can have the same license number.

Below is the link to the most current certificate of insurance form:

https://tsbpe.texas.gov/wp-content/uploads/forms/TSBPE_CertificateOfInsurance.pdf

A copy of the most current certificate of insurance form is attached. Using an old form will delay the processing of your certificate of insurance form.

The Compliance Department can be reached directly at 512-936-5203.

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Scan and Email to: insurance@tsbpe.texas.gov

Allow up to 10 days for processing before contacting this

office for confirmation of receipt of certificate.



CERTIFICATE OF INSURANCE (COI)

A Master Plumber shall furnish the Texas State Board of Plumbing Examiners (Board) with a current Certificate of Insurance (COI) before acting as a Responsible Master Plumber (RMP). This COI expires on the date that the insurance policy specified herein expires. The RMP shall furnish the Board with a current COI immediately upon or prior to the expiration of this COI. At least the minimum insurance coverage specified in (1) and (2) below shall be maintained at all times during which the Master Plumber acts as a RMP. The insurance coverage must include all types of plumbing that will be performed under the RMP's license, including if applicable, liquefied petroleum gas plumbing, medical gas plumbing, and multipurpose residential fire protection sprinkler plumbing. The Certificate Holder does not guarantee the accuracy of any information provided in this COI. This COI neither affirmatively or negatively amends, extends, or alters the coverage afforded by the insurance policy specified herein. The terms of the policy control over the terms of this certificate.

Responsible Master Plumber (RMP) Nar	me:	License #: M		
Business Name:	Telephone: ()			
RMP Email Address:				
RMP Address:				
Street	City	State	Zip	
Business Owner Name:				
Insurance Company:				
Policy Number:	Effective Date:	Expire Date:		
Name of Insurance Agency:	Agent Phone: ()			
Insurance Agent Email Address:				
Insurance Agency Address:				
Street	City	State	Zip	
an eligible surplus lines insurer, as de	r an insurer authorized to engage in the buefined by Section 981.002, Insurance Co policy meets at least the following minim	de, I hereby sign this		
` ' '	ral liability insurance for the above name e or bodily injury, regardless of whether t and	•		
(2) is in a coverage amount of not	less than \$300,000 for all claims arising i	n any one-year period.		
Signature of Agent	Printed Name of Agent	Date		
CERTIFICATE HOLDER ADDRESS:	CANCELLATION:			

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Should any of the above described policies be cancelled, non-renewed, or otherwise modified, the Texas State Board of Plumbing Examiners (Certificate Holder) will be notified in accordance with the terms of the underlying policy.